

2013 IL App (1st) 122341WC-U
NO. 1-12-2341WC
FILED: November 25, 2013

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IN THE APPELLATE COURT

OF ILLINOIS

FIRST DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

ELITE STAFFING, INC.,)	Appeal from
Appellant,)	Circuit Court of
v.)	Cook County
THE ILLINOIS WORKERS' COMPENSATION)	No. 12L50035
COMMISSION <i>et al.</i> (Troy McCoy, Appellee).)	
)	Honorable
)	Robert L. Cepero,
)	Judge Presiding.

JUSTICE HARRIS delivered the judgment of the court.

Presiding Justice Holdridge and Justices Hoffman, Hudson, and Stewart concurred in the judgment.

ORDER

¶ 1 *Held:* The Commission's finding of a causal connection between claimant's work accident and his left hip condition of ill-being and its award of benefits associated with that injury were supported by the record and not against the manifest weight of the evidence.

¶ 2 On April 29, 2009, claimant, Troy McCoy, filed an application for adjustment of claim pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 to 30 (West 2008)), seeking benefits from the employer, Elite Staffing, Inc. Following a hearing, the arbitrator found claimant

sustained injuries to his left knee and hip that arose out of and in the course of his employment on April 29, 2009, and awarded him (1) 84 weeks' temporary total disability (TTD) benefits, (2) past medical expenses in the amount of \$2,028, and (3) prospective medical expenses for treatment related to claimant's left hip.

¶ 3 On review, the Illinois Workers' Compensation Commission (Commission) affirmed and adopted the arbitrator's decision without further comment, but remanded the case to the arbitrator for proceedings to determine claimant's entitlement to further benefits under the Act, if any, pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327, 399 N.E.2d 1322 (1980). On judicial review, the circuit court of Cook County confirmed the Commission's decision. The employer appeals, arguing (1) the Commission's finding that claimant's left hip condition of ill-being was causally connected to his April 2009 work accident was against the manifest weight of the evidence and (2) the Commission's awards of \$2,028 for past medical expenses, TTD benefits, and prospective medical care were against the manifest weight of the evidence. We affirm.

¶ 4 I. BACKGROUND

¶ 5 Claimant testified he worked for the employer as a laborer, delivering newspapers to stores and boxes on the street. As of April 2009, he had worked for the employer for 10 years. Claimant described an accident occurring on April 29, 2009, while at work. He testified he was carrying newspapers from a truck to put them in a box on the street when he slipped on some wet steps and fell to the ground. Claimant stated he fell awkwardly, twisted his left knee, and noticed pain in his left knee. He denied having left knee or hip complaints or treatment prior to April 29, 2009.

¶ 6 Claimant testified, following his accident, the employer directed him to seek medical care

at Fullerton Occupational Medicine and Urgent Care (Fullerton). Medical records show he was seen at Fullerton on April 29, 2009, and received care from Dr. Ronald Hickombottom. Claimant provided a history of his work accident and reported twisting his left knee. Dr. Hickombottom recommended physical therapy and took claimant off work. Claimant testified Dr. Hickombottom ultimately continued him off work through July 2009.

¶ 7 Claimant stated he underwent physical therapy at Fullerton. On May 1, 2009, his therapy records show he complained of sharp pains from his mid knee to groin and felt swelling in his mid thigh to posterior knee. The therapist noted "very tight hip flexions L>R." On May 5, 2009, he continued to complain of pain from the medial knee to groin with pain shooting to his posterior hip and buttock area. Claimant's therapist recommended exercises for his hip in addition to exercise and therapy for his left knee. Claimant was diagnosed with a left knee sprain and a left groin sprain. He continued with physical therapy through August 2009. Records show that, during the course of his therapy, claimant reported left groin pain and pain that moved from his left thigh to hip in addition to his left knee complaints. Specifically, his therapy records show claimant made such complaints on May 13 (soreness and swelling in the left groin and hip), May 15 (pain in left groin area), May 20 (left groin pain), May 22 (pain from the front to back of thigh and hip), May 27 (thigh and hip pain), June 23 (left groin and hip pain), July 6 (left groin pain), July 9 (left groin pain), July 22 (left groin pain), July 31 (groin pain), August 3 (left groin pain), August 7 (groin pain and swelling to hips), August 10 (left groin pain), and August 13 (left groin pain).

¶ 8 While undergoing therapy, claimant had a magnetic resonance imaging (MRI) of his left knee that revealed "a bucket handle meniscus tear." On July 14, 2009, claimant saw Dr. Spiros Stamelos

for an orthopedic evaluation, pursuant to a referral from Dr. Hickombottom. Claimant provided a history of his April 2009 work accident. Dr. Stamelos noted claimant's MRI revealed internal derangement and that claimant had been taking Ibuprofen and undergoing physical therapy but not improving. He stated claimant had "a torn oblique posterior horn of the medial meniscus" and "chondromalacia of the articulating surface of the patella" and "osteophytes." Dr. Stamelos recommended arthroscopic surgery on claimant's left knee, which he performed on claimant on August 18, 2009. Claimant testified surgery helped with his left knee but not with the swelling in his groin or the pain shooting behind his hip to his buttocks.

¶ 9 Following surgery, claimant continued to see Dr. Stamelos and returned to physical therapy. On November 3, 2009, claimant followed up with Dr. Stamelos who noted he had "preexisting osteoarthritis, but the accident that he had at work put him over the edge." On January 12, 2010, Dr. Stamelos noted claimant returned "with hip pain, altered gait, and soreness in the left hip." He found claimant had degenerative changes as a result of his April 2009 accident that were primarily in his knee. However, Dr. Stamelos stated claimant's "hip was also involved, but masked by the knee pain." He noted claimant limped and had significant pain. Dr. Stamelos stated claimant had a "bad hip" and "[t]he hip is part of the knee, but the knee masked the pain resulting in significant pain and discomfort." He opined claimant would possibly need a total hip replacement but could first try injections and physical therapy. Dr. Stamelos stated claimant's left hip condition could explain why his knee was not functioning properly.

¶ 10 On March 9, 2010, claimant followed up with Dr. Stamelos and reported severe pain in his left hip that was not present prior to his work accident. Dr. Stamelos noted claimant presented with

an antalgic gait and had undergone an MRI of his hip that revealed significant arthritic problems with cysts. Further, he opined claimant's April 2009 accident caused an aggravation of a preexisting condition in claimant's left hip. He stated the hip "was a silent arthritic hip," which the accident caused to become symptomatic and disabling due to both claimant's fall and his altered gait after the fall. Dr. Stamelos opined claimant was unable to work and had been 100% disabled since the date of his accident. On April 8, 2010, Dr. Stamelos noted claimant continued to have constant pain and swelling of the knee and hip. He stated claimant needed a total joint replacement of the hip and further treatment of his knee. Dr. Stamelos reiterated his belief that claimant's condition was attributable to his fall and stated he would never reach maximum medical improvement or feel normal "without having it superfixed because of the referral of the pain from the hip to the knee."

¶ 11 On September 27, 2010, Dr. Stamelos authored a letter, stating claimant's April 2009, work-related fall resulted "in injury primarily to the knee but affecting the entire left side." He opined as follows:

"[Claimant's] mechanical altering of gait and compensation because of the knee injury aggravated and converted the silent and non-symptomatic left hip into a very symptomatic and painful joint resulting in [claimant's] continued onset of hip pain and radiation from the hip and knee pain that has rendered him disabled to return to work and being non-responsive to physical therapy and taking medication and doing behavioral modification."

Dr. Stamelos stated claimant needed surgical treatment to the left hip in the form of a total joint

replacement. He further noted claimant "had always complained about groin pain which we thought was a soft tissue or strain versus a bad hip injury" but, instead, indicated claimant "actually had symptoms of [a] hip injury from the very beginning."

¶ 12 Claimant testified he continued to follow up with Dr. Stamelos through the date of arbitration, seeing him once every one to two months. He stated he had no improvement with respect to his left hip complaints. Claimant further testified Dr. Stamelos ordered him off work in July 2009, at the time of their first visit, and continued claimant off work through the date of arbitration. The medical records support that testimony.

¶ 13 At arbitration, the employer submitted a report from Dr. Ira Kornblatt, who evaluated claimant on December 23, 2009, at the employer's request. Dr. Kornblatt noted claimant's accident history and left knee surgery with Dr. Stamelos. He stated claimant presented at that time with complaints of pain in his left thigh radiating to his left knee and left groin pain. Dr. Kornblatt examined claimant and obtained x-rays. He noted a pelvis x-ray "revealed advanced osteoarthritis involving bilateral hips; left slightly worse than right." Dr. Kornblatt opined claimant sustained a left knee injury as a result of his April 2009 accident from which he had recovered. He determined claimant did not need any further treatment for his left knee. Dr. Kornblatt further opined as follows:

"Unfortunately, he has preexisting osteoarthritis of [his] bilateral hips, and he does have ongoing disability due to degenerative arthritis of the left hip at this time. It is my opinion that the arthritis of his left hip is not work related. He does have significant disability referable

to the left hip at this time, and it is my opinion that he is in need of total hip arthroplasty. I do believe he has reached MMI from his work-related injury. With respect to his left knee he is capable of working full duty. However, due to his ongoing disability with respect to the left hip, he is not capable of returning to full duty, and I doubt that he ever will be able to return to full-duty work unless hip arthroplasty is performed."

¶ 14 Claimant testified, as of the date of arbitration, his left knee seemed to be doing fine but he continued to have swelling and pain in his groin area to his buttocks. The record shows claimant indicated with his hands that he experienced pain on the outside and inside of his left thigh going up to his buttocks and "almost up to his belt line in the back." Claimant stated his pain was constant and he was never without pain.

¶ 15 On April 25, 2011, the arbitrator determined claimant's left knee and left hip conditions of ill-being arose out of and in the course of his employment on April 29, 2009, and awarded claimant (1) 84 weeks' TTD benefits, (2) \$2,028 in past medical expenses, and (3) prospective medical expenses for treatment related to claimant's left hip as prescribed by Dr. Stamelos. In reaching her decision, the arbitrator found claimant was a credible witness and assigned greater weight to the opinions of Dr. Hickombottom and Dr. Stamelos over those of Dr. Kornblatt.

¶ 16 On December 13, 2011, the Commission affirmed and adopted the arbitrator's decision without further comment. On July 12, 2012, the circuit court confirmed the Commission's decision.

¶ 17 This appeal followed.

¶ 18

II. ANALYSIS

¶ 19 On appeal, the employer challenges the Commission's decision only with respect to claimant's left hip injury, arguing the Commission's finding that claimant's left hip condition was causally connected to his April 2009, work accident was against the manifest weight of the evidence. It argues the Commission erroneously determined claimant made "consistent post-accident complaints of pain in the groin/hip" and improperly relied on the opinions of Dr. Stamelos over those of Dr. Kornblatt.

¶ 20 "Whether a causal connection exists is a question of fact for the Commission, and a reviewing court will overturn the Commission's decision only if it is against the manifest weight of the evidence." *City of Springfield v. Illinois Workers' Compensation Comm'n*, 388 Ill. App. 3d 297, 315, 901 N.E.2d 1066, 1081 (2009). "In resolving questions of fact, it is the function of the Commission to judge the credibility of the witnesses and resolve conflicting medical evidence." *City of Springfield*, 388 Ill. App. 3d at 315, 901 N.E.2d at 1081. "For a finding of fact to be against the manifest weight of the evidence, an opposite conclusion must be clearly apparent from the record on appeal." *City of Springfield*, 388 Ill. App. 3d at 315, 901 N.E.2d at 1081. On review, "[t]he relevant inquiry is whether the evidence is sufficient to support the Commission's finding, not whether this court or any other might reach an opposite conclusion." *Westin Hotel v. Industrial Comm'n*, 372 Ill. App. 3d 527, 538-39, 865 N.E.2d 342, 353 (2007).

¶ 21 Here, the record reflects claimant was involved in a work-related accident on April 29, 2009, during which he slipped on some wet steps, twisted his left knee, and fell to the ground. The employer does not dispute that claimant's accident was work related or that his left knee condition

is causally connected to his employment. As stated, it contends only that no causal relationship exists between claimant's April 2009 accident and his left hip condition of ill-being. We disagree and find the evidence sufficiently supported the Commission's decision.

¶ 22 First, the record fails to show any previous injury or treatment to claimant's left knee or left hip. At arbitration, claimant expressly denied having left hip complaints or treatment prior to his work accident. It was within the province of the Commission to judge the credibility of the witnesses and it found claimant's testimony was credible. The record reflects no error in the Commission's determination.

¶ 23 Second, although the employer argues claimant failed to make any left hip complaints until he saw Dr. Kornblatt in December 2009, the record refutes that contention. Immediately following his April 29, 2009, accident claimant sought medical treatment. On May 1, 2009, two days after his accident, he began physical therapy and records show he complained of sharp pains from his mid knee to groin and his therapist noted "very tight hip flexions L>R." On May 5, 2009, claimant reported pain from the medial knee to groin with pain shooting to his posterior hip and buttock area. The record shows claimant underwent physical therapy from May to August 2009, and, in addition to his left knee complaints, claimant routinely complained of left groin and/or hip pain.

¶ 24 Third, Dr. Stamelos opined claimant's left hip condition of ill-being was causally connected to his work accident. He determined claimant's hip "was a silent arthritic hip," which his April 2009 accident caused to become symptomatic both as a result of claimant's fall and due to his altered gait after the fall. Dr. Stamelos also found claimant's hip injury was "masked" by his knee pain and determined claimant's early reports of groin pain were indicative of a hip injury.

¶ 25 The employer correctly points out that the record contains conflicting medical opinion and Dr. Kornblatt, who evaluated claimant at the employer's request, opined claimant had degenerative arthritis of the left hip that was not work related. However, the Commission was entitled to resolve conflicts in the medical evidence. It assigned greater weight to Dr. Stamelos's opinions and the record does not show an opposite conclusion is clearly apparent. We note Dr. Kornblatt did not offer a basis for his causal connection opinion while the record shows Dr. Stamelos based his opinion on both claimant's lack of left hip symptoms prior to his April 2009 accident and claimant's repeated complaints of left groin pain after the accident.

¶ 26 The employer argues Dr. Stamelos's records show he changed the basis for his causal connection opinion and made inaccurate statements in support of his opinions. Initially, we find the discrepancies noted by the employer between Dr. Stamelos's records and claimant's other medical records are minimal and do not warrant reversal of the Commission's decision. Additionally, Dr. Stamelos's records, when viewed in their entirety, show Dr. Stamelos clearly and repeatedly opined claimant had a preexisting arthritic condition in his left hip that was aggravated by his April 2009 work accident. Dr. Stamelos noted claimant's hip was non-symptomatic prior to his accident but both claimant's fall and his altered gait as a result of the fall caused his hip to become symptomatic and disabling. His opinions were supported by claimant's numerous reports of left-sided groin pain shortly following his accident, which Dr. Stamelos determined were indicative of a left hip injury.

¶ 27 Here, the record contained sufficient support for the Commission's causal connection decision. An opposite conclusion from that of the Commission is not clearly apparent and its

decision is not against the manifest weight of the evidence.

¶ 28 On appeal, the employer also challenges the Commission's awards of TTD benefits and past and prospective medical expenses. However, the sole basis for its challenge to each of those awards is its contention that claimant's left hip condition of ill-being is not causally connected to claimant's employment. Because the Commission's causal connection decision is sufficiently supported by the record and not against the manifest weight of the evidence, the employer's challenge to TTD and medical expenses must fail. The Commission's awards of TTD benefits and past and prospective medical expenses are not against the manifest weight of the evidence.

¶ 29

III. CONCLUSION

¶ 30 For the reasons stated, we affirm the circuit court's judgment.

¶ 31 Affirmed.